

P16000067899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

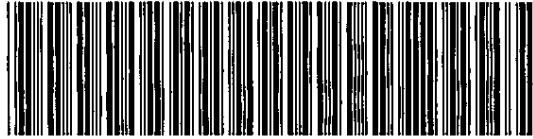
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/28/16--01004--009 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JUL 28 AM 11:56

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 8, 2016

CHERYL DEXTER  
1246 N CONRAD AVENUE  
SARASOTA, FL 34237

SUBJECT: SARASOTA HOME WATCH INC.  
Ref. Number: W16000054619

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SARASOTA HOME WATCH INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 616A00016611

*I've added secretary/treasurer*

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Sarasota Home Watch Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: Cheryl Dexter  
                                    Name (Printed or typed)

1246 N. Conrad Avenue  
                                    Address

Sarasota FL 34237  
                                    City, State & Zip

860-883-3453  
                                    Daytime Telephone number

cheryl-lee-dexter@sbcglobal.net  
                                    E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Sarasota Home Watch Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1246 N. Conrad Ave  
Sarasota, FL 34237

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To offer home watch  
services to vacationers.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Cheryl Dexter, President Name and Title: \_\_\_\_\_

Address: 1246 N. Conrad Ave Address: \_\_\_\_\_  
Sarasota, FL  
34237

Name and Title: Cheryl Dexter, Sec Name and Title: \_\_\_\_\_

Address: 1246 N Conrad Ave Address: \_\_\_\_\_  
Sarasota, FL 34237

Name and Title: Cheryl Dexter, Treas. Name and Title: \_\_\_\_\_

Address: 1246 N. Conrad Ave Address: \_\_\_\_\_  
Sarasota FL 34237

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Cheryl Dexter

Address: 1246 N. Conrad Ave  
Sarasota FL 34237

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Cheryl Dexter

Address: 1246 N. Conrad Ave  
Sarasota FL 34237

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TALLAHASSEE, FLORIDA

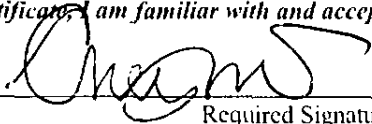
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: Date of filing (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

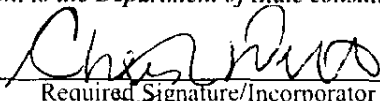


Required Signature/Registered Agent

8-15-16

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

7-26-16

Date